

Census and Home Information Sheet

Provider:

Program Name (if applicable):

Current residents in placement

Resident Name	Admission Date	Case Manager Email

Residents in placement for the previous 5 years (attach documentation if desired)

You do not need to re-list any current residents listed above

Resident Name	Admission and Discharge Dates

Notification to Regional Licensing Specialist

Any time there is a change to your census or home information, please notify your RLS.

General resident demographic information

This information is used to help determine potential placements – complete for anyone you are willing to serve

Preferred gender?	Male	Female	Any	
List the resident age range your program would serve:				
Funding type accepted:	BI Waiver	CAC Waiver	CADI Waiver	DD Waiver
Elderly Waiver	Housing Support	Private Pay	Other:	
Individuals willing to serve:	Brain Injury	Chemical Dependency	Deaf/blind	Developmental Disability
Elderly	Mental Illness	Physical Disability	Other:	

Additional comments:

Home Information

Is smoking allowed?	Outside	Inside	None	Other
Home levels?	Single	Multi	Multi with lift	Other
Do you have pets?	Yes	No	Please ensure you have completed the Pet Authorization Form if you have pets in the home.	
Do you provide heavy cares? (hands on cares such as toileting, bathing, etc.)	Yes	No	Possibly	Other
Do you use cameras, monitoring technology, or ROS?	Yes	No	If you answered yes, you will be asked to provide proof that the appropriate consents were obtained. *This excludes the use of cameras that are used only on the outside of the home such Ring or Blink doorbell.	

Contact Information

House phone number:

Preferred referral phone number:

Preferred referral email address:

Corporate providers – primary house contact name, email, and phone number:

Signature

Date